From FDA/CDRH to help facilities implement MQSA

MammographyMatters

Fall 1996 Volume 3, Issue 4

From the Editor…

Good news on facility inspections: Results of first-round MQSA annual inspections showed that the vast majority of facilities avoided the most serious inspection findings. Less than 3 percent of the 9,717 fully certified facilities had serious problems that required the facility to take corrective measures immediately.

Even better, data from the second round of inspections indicate there has been marked improvement in the quality of mammography services since the first round. As of mid-October 1996, all 9,717 fully certified facilities had been inspected, with 4,209 having undergone their second annual inspection. Of these 4,209 facilities, nearly 55 percent (2,202) had perfect inspection results. In addition, the average number of problems per facility decreased from 4 to 2.5, and the proportion of facilities with serious findings (Level 1) dropped from 3 percent in the first year to less than 1 percent in the second.

Your efforts to assure quality mammography help make results like these possible.

Comments about or suggestions for Mammography Matters *should be sent to:*

Mammography Matters
FDA/CDRH (HFZ-240)
1350 Piccard Drive
Rockville, MD 20850
Fax 301-594-3306

Medical Physicist Role Evolves Under MQSA

The Mammography Quality Standards Act (MQSA) program was designed as a system of checks and balances in which accreditation by an approved body, certification by FDA, inspection by a certified inspector, and survey of a facility by a qualified medical physicist are all parts of the system.

> "Under the interim MQSA rule, every mammography facility must retain a medical physicist to conduct an annual physicist's survey and establish, monitor, and oversee a facility's QA/QC programs and practices . . ."

Previous issues of *Mammography Matters* have discussed the roles of the accreditation body (see the January/February 1996 issue) and the inspector (see the Spring and Summer 1996 issues) under MQSA. This article focuses on the general role of a third essential player under MQSA—the medical physicist. The role of the medical physicist in specific settings that provide mammography services, such as mobile units, community-based units, and university-based hospital units, will be featured in an upcoming issue of *Mammography Matters*.

MQSA and the Medical Physicist

Under the interim MQSA rule, every mammography facility must retain a medical physicist to conduct an annual physicist's survey and establish, monitor, and oversee a facility's quality assurance/quality control (QA/QC) programs and practices. While many larger hospitals have full-time medical physicists on their staffs, many smaller facilities must rely on part-time or consultant physicists.

The role of the medical physicist in overseeing the quality of mammography has been evolving over the past 10 years, since the American College of Radiology (ACR) began

Continued on page 8

What's Inside

From the Director . . .

Why does a facility need a medical physicist's survey and an inspection every year?

This is a question I'm sure many of you have. The medical physicist's survey and the inspection cover different aspects of a quality mammography operation, as described below.

The physicist is your consultant and, under MQSA, is charged with surveying the mammography equipment at your facility annually and overseeing your facility's QA practices. The medical physicist also establishes, monitors, and implements facility-specific mammography-related procedures and practices.

In performing the annual survey, medical physicists must use methods similar to those outlined in the American College of Radiology's (ACR's) Mammography Quality Control Manual *(either the 1992 or 1994 edition, Medical Physicist's Section). However, it's important to point out that, under the interim regulations, FDA cannot require tests that appear for the first time in the 1994 edition.*

Results of the survey and suggested corrective actions (where indicated) are compiled in a report of the annual survey, which is prepared, signed, and dated by the medical physicist(s) who performed the survey. Once completed, the report is presented to the facility, which, in turn, must transmit the report to its accreditation body. The facility also must retain a copy of the report until satisfactory completion of the next annual survey.

In contrast to the annual medical physicist's survey required by MQSA, annual facility inspections are designed by FDA to provide some key checks of equipment, verification of medical records, and review of important paperwork. MQSA inspectors perform a few key tests — such as dose, phantom image quality, and processor performance — to assure the nationally uniform assessment of these important parameters that underlie quality mammography.

MQSA inspectors also ensure that all necessary medical records and a medical audit system are in place. Paperwork reviews by the inspectors cover QA/QC records, personnel qualifications, and the annual medical physicist's survey. Thus, FDA's facility inspection process includes a check on the activities and performance of the medical physicist.

Both surveys and inspections are conducted yearly. As we gain experience under MQSA, we remain committed to evaluating and improving our inspection procedures to ensure that inspections and surveys not only meet baseline quality standards, but also are cost conscious and considerate of patient services.

Further information on the inspection process can be found in the Spring 1996 issue of Mammography Matters. *For additional details on the role of the medical physicist under MQSA, see the accompanying article in this issue of* Mammography Matters.

Florence Houn

Florence Houn, M.D., M.P.H., Director, Division of Mammography Quality and Radiation Programs

Recordkeeping: Preparing for MQSA Inspections

The following recordkeeping information comes from facilities that have successfully completed their inspection. It is intended to help facilities organize their records, particularly in preparing for their annual inspection and physicist's survey, and to improve customer service. The second year of facility MQSA inspections is underway, and some of the knowledge gained during the first round of inspections is presented below.

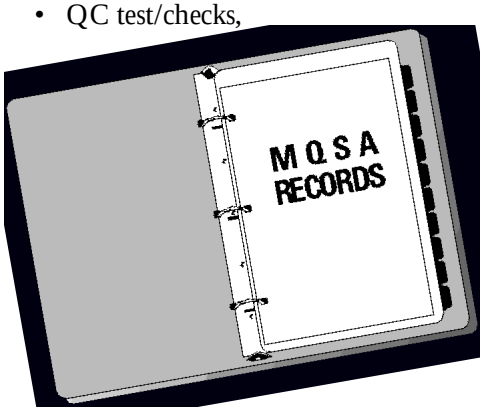
What Happens During a Facility Inspection?

During the on-site facility MQSA inspection, inspectors perform extensive equipment checks, review paperwork, and verify the existence of necessary medical records and a medical audit system. Paperwork reviews may include assessment of any and all records required under MQSA. The length of time for the inspection varies by site, but most facilities should set aside a full working day for the entire MQSA inspection.

What Records Are Required for MQSA Inspections?

A first step in preparing for an inspection is to ensure that documentation and records are complete, accurate, and up-to-date. MQSA requires that facilities maintain current and past documentation or records from the time of the facility's last MQSA inspection on:

- Personnel qualifications (for interpreting physicians, radiologic technologists, and medical physicists),
- QA/QC staff and their respective responsibilities,
- QA/QC tests and procedures,
- QC test/checks,



- The most recent annual medical physicist's survey report for each x-ray unit, and
- Mammography reports and audit results.

How Can Facilities Prepare for an Inspection?

Technologists and others in the field offer the following suggestions for facilities preparing for an MQSA inspection—and for reducing pre-inspection stress as much as possible.

- Get organized. Develop a checklist of all items required for the inspection, including the location of records and a list of the names and phone numbers of all involved personnel.
- Contact the inspector(s) (via phone and/or fax) in advance of the scheduled inspection to confirm the date of the inspection and to ask specific questions about the upcoming inspection.
- Keep in close contact with the facility's medical physicist throughout the year. The physicist should be available to provide ongoing technical support to ensure that mammography-related equipment is functioning and being operated properly.
- If you have a computerized records system, keep it current. In addition, do regular test runs of the system to detect "bugs" and ensure optimal performance.

What Other Resources Are Available?

Facilities may comment on any aspect of the inspection process or request further guidance by calling 1-800-838-7715. Specific information on the MQSA inspection process is provided in the FDA document titled, *What A Mammography Facility Should Do To Prepare For The MQSA Inspection,* dated June 30, 1995, with revisions and amendments dated July 31, 1996. Requests for this and other MQSA-related documents should be sent to: MQSA, c/o SciComm, Inc., P.O. Box 30224, Bethesda, MD 20824-9998, Fax 301-986-8015.

FDA Criteria for Accepting Mammography Training Courses for Radiologic Technologists

MQSA requires that radiologic technologists (RTs) successfully complete training specific to mammography. This ensures that RTs, like all health professionals, will provide quality mammography services and maintain their facility's certification.

This article explains the criteria FDA uses to "accept" mammography courses as meeting, or partially meeting, the training requirements for RTs. (Note that FDA does not "approve" any courses. It only accepts them as meeting part or all of the training requirement.)

> Our use of the word "accepted," rather than "approved," is deliberate. *FDA does not approve training courses.* That responsibility lies with professional groups such as the ARRT. FDA also does not endorse in any way one course as superior in quality over another. The agency merely accepts courses as meeting part or all of the training requirements under MQSA.

Background

The current interim MQSA regulations were closely patterned on the previously voluntary accreditation standards of the ACR. This allowed FDA to certify facilities already accredited by the ACR without requiring them to become reaccredited. It also enabled FDA to meet the October 1, 1994, deadline mandated by Congress for all mammography facilities to become FDA certified.

One drawback of this approach, however, is that many of the ACR standards were written in a very general way. Although such wording was satisfactory for a voluntary program, many questions about the meaning of the voluntary standards were raised when they became regulations.

One example is the ACR requirement that technologists have initial "training specific to mammography." FDA realized that, for consistency, it would be necessary to issue guidance regarding acceptable ways of meeting this requirement.

Following the advice of the National Mammography Quality Assurance Advisory Committee, FDA first announced that RTs could meet this training requirement by successfully completing 40 hours of training from qualified instructors in subject areas that could lead to an improvement in the quality of mammography. These 40 hours are not a requirement but provide general guidance for facilities and FDA to follow. Receiving a mammography certificate from California, Arizona, or Nevada was later announced as being an acceptable way to meet this RT training criterion.

FDA has accepted other ways of meeting this requirement. These alternate approaches, which involve less than 40 hours of training but have other compensating features, include:

- Earning an advanced certificate in mammography from the American Registry of Radiologic Technologists (ARRT),
- Passing the 3-day course for mammography technologists offered by the Medical Technology Management Institute (MTMI), and
- Passing the 3-day course for mammography technologists offered by the Mammography Imaging Specialists (MIS), Inc.

FDA Criteria for Accepting RT Courses

For FDA to accept these or other mammography courses as meeting the training requirement, the course must:

- Have been approved by the ARRT (or one of its associated groups) for at least as many continuing education credits as the 24 credits the ARRT allots for earning the advanced certificate in mammography,
- Provide comprehensive coverage of mammography,
- Include practical experience in positioning with a model, and
- Require that RTs pass a test indicating successful completion of the course of study.

The MTMI and MIS courses meet these criteria even though they are less than 40 hours in length. FDA's acceptance of these courses means only that the identified course in itself meets the RT requirement for initial training specific to mammography. Any other courses presented for evaluation for a similar acceptance will be judged against the same criteria.

Acceptance of Other Courses

FDA will accept any training that can lead to an improvement in the quality of mammography and that has been officially approved by the ARRT (or one of its associated groups) as meeting some or all of the training requirement. The portion of the training requirement that the course satisfies depends upon the number of credits for which the course has been ARRT approved. Training that has not been formally approved by the ARRT, such as some facility-based training, will be evaluated by the MQSA inspector. These programs also may be accepted as meeting part or all of the training requirements.

FDA Phasing Out Current "Corrected Before Inspection" Policy

FDA is phasing out its "Corrected Before Inspection" (CBI) policy for the most serious (Level 1) deficiencies. FDA issued this policy to MQSA inspectors in the field in May 1995 by stating that facilities should not be cited for problems that had existed after October 1, 1994, but had been corrected before the initial inspection. Inspectors were asked to simply remind facilities during the exit interview that the problems should not occur again.

The new policy, effective January 2, 1997, states that all of the most serious (Level 1) violations corrected before the inspection will be included in a warning letter to the facility. The letter will acknowledge that the violation was corrected, but will require the facility to document actions taken to correct the violation and to assure that the violation does not recur.

Please note that the change in the CBI policy is not a change in the MQSA regulations or the Act, but simply a change in FDA's inspection policy.

When the CBI policy was issued, it was intended as a temporary measure to cover only the transition period during which facilities could become fully educated about MQSA requirements. Originally, there was a possibility that facility staff members who thought they were in full compliance with MQSA could unknowingly fall short in one or more areas. In addition, FDA believed that as facilities became more knowledgeable, they would discover and correct many deficiencies before their first inspection.

The change in the CBI policy is not a change in the MQSA regulations or the Act, but simply a change in FDA's inspection policy.

As expected, a number of such situations did arise. In nearly all cases, the problems were in the personnel area and involved a staff member who was discovered to be unqualified and who subsequently was either given additional training or was no longer employed in the mammography area.

The successful efforts of facility personnel to learn about MQSA are now making it possible to phase out the CBI policy. Data from the first round of inspections indicate that the great majority of facilities are well acquainted with the regulations and that the policy is no longer needed for Level 1 violations.

FDA is providing facilities with advance notice before instituting this change to allow facilities to become aware of and adjust to the policy change.

Enforcing the 24-Month Continuing Experience Requirement

We have been asked how FDA is going to calculate the interpreting physician continuing experience requirement of reading an average of at least 40 mammographic exams per month over a 24-month period.

The July 31, 1996, *Addendum to What a Mammography Facility Should Do To Prepare for the MQSA Inspection,* states that "the 24-month averaging period will be determined by counting back 24 months from the date of the inspection." That document was mailed to everyone on our mailing list in early August 1996.

Because there seems to be confusion about how FDA will inspect facilities for compliance with this requirement, this article is intended to clarify our inspection policy in this area.

Over the past 2 years, we have instructed our inspectors that when this requirement became effective on October 1, 1996, they should examine the records (for each interpreting physician whose starting date for meeting the initial requirement is October 1, 1994, or earlier) back to 24 months before the inspection. We also instructed inspectors to advise facilities about the need to always update these records to be in compliance by the October 1, 1996, deadline.

While we expect most facilities to have updated their records by the inspection date, we recognize that flexibility is desirable. With that in mind, and depending on the reading and interpreting schedule for their interpreting physicians, facilities may choose either of the two following options for the inspector to review all the records relating to this requirement:

Option 1: The inspector will count back 24 months from the date of the inspection. The facility may want to choose this option if its records are updated to the inspection date. For example, if the inspection is conducted on November 10, 1996, the relevant records would be dated from November 10, 1994, to November 10, 1996.

Option 2: The inspector will count back 24 months from the end of the previous full calendar quarter preceding the inspection date. The facility may choose this option if its records are updated to the end of the calendar quarter immediately prior to the inspection date. For example, for the inspection date of November 10, 1996, the relevant records would be dated from October 1, 1994, to September 30, 1996.

Note that Option 2 implies that, depending on the inspection date, the ending date for the 24-month period will range from 1 day to almost 3 months before the date of the inspection. Also, *for both options,* interpreting physicians who interpret mammograms at multiple facilities should routinely provide each facility with documentation of all mammograms interpreted at all facilities so that each may complete timely documentation for the MQSA inspection.

Personnel Records Reminder

Remember to keep records of all staff who have worked at your facility since your last inspection. **Do not discard** *records of personnel who have worked at your facility in the past year,* **even if they no longer work at your facility.**

Audit Shows Government Entity Program Successful

The results of the first audit of government entity declarations confirmed that 100 percent of 883 inspected mammography facilities had correctly identified themselves as government entities. At the time of the audit (May 1996), 923 facilities qualified as government entities, but 40 had not yet been inspected.

Facilities that qualify as government entities under MQSA are exempt from paying the inspection fee. To avoid passing the cost of inspecting these facilities on to other facilities, FDA covers the costs through appropriated funds.

The goal of this audit was to design and implement a program to ensure that facilities were correctly interpreting the definition of "government entity." (The definition of "government entity" and the criteria used to determine whether a facility is such an entity were presented in the Summer 1995 issue of *Mammography Matters.*)

All facilities that had claimed they were government entities received a letter stating that the audit program was underway.

The audit program was completed by the Office of Systems and Management of FDA's Center for Devices and Radiological Health, with the help of the Center's Division of Mammography Quality and Radiation Programs. We obtained the confirming information through sources other than the facilities so that facility personnel would not be burdened with this additional task.

Second Year Inspections

If you have had your second annual MQSA inspection, you may have been notified of a "repeat finding." A finding is "repeated" if it was identified on both the current MQSA inspection and the previous one. Facilities with repeat Level 1 or Level 2 problems are subject to reinspection by FDA to assure these problems are corrected.

Facilities inspected after January 1, 1997, that have repeat Level 3 findings must respond in writing to those findings within 30 days. The letter the inspector gives your facility after the inspection will address all repeat problems and provide instructions on how to respond to FDA.

The Role of the Medical Physicist Under MQSA

Continued from page 1

its facility accreditation program, notes Carolyn Kimme-Smith, Ph.D., Associate Professor of Radiology, UCLA School of Medicine.

Under MQSA, physicists are encouraged to (1) help facilities navigate through current and future state and federal regulations to meet accreditation and regulatory requirements, including required inspections, and (2) assist radiologists and technologists in optimizing image quality and patient dose. Dr. Kimme-Smith advises that this assistance should be provided not only through the annual survey, but also through continued on-site consultation and other communication venues (e.g., telephone, electronic mail, fax).

Areas in which the medical physicist may be most helpful are in the selection of new x-ray equipment, film processors, and film-screen systems, and in acceptance testing of these new products after installation and before use on patients. Medical physicists also are essential in developing shielding specifications for new mammography suites. In addition, facilities should look to medical physicists for help with training and with developing a "game plan" for facility inspections. Thus, the medical physicist should serve not only as a consultant and technical expert, but also as a member of the team providing mammography services.

The Annual Survey

A primary responsibility of medical physicists under MQSA is the performance of an annual survey of a facility's mammography-related equipment and of the procedures used to operate this equipment. Usually requiring at least 4 hours per unit to complete, this survey is conducted by one or more qualified medical physicists. For the annual survey, the medical physicist will:

- Evaluate the technologist's 11 QC tests for the period between the current survey and the previous survey,
- Assess test conditions, technique factors, and measured or calculated results, and provide a pass/fail indication for each of the physicist's 10 QC tests, and
- Document any problems identified and provide guidance regarding any deficiencies in (1) the conduct of any of the tests or tasks evaluated, (2) the keeping and maintaining of corresponding QC records, and/or (3) the interpretation of test results.

ACR Guidance Followed

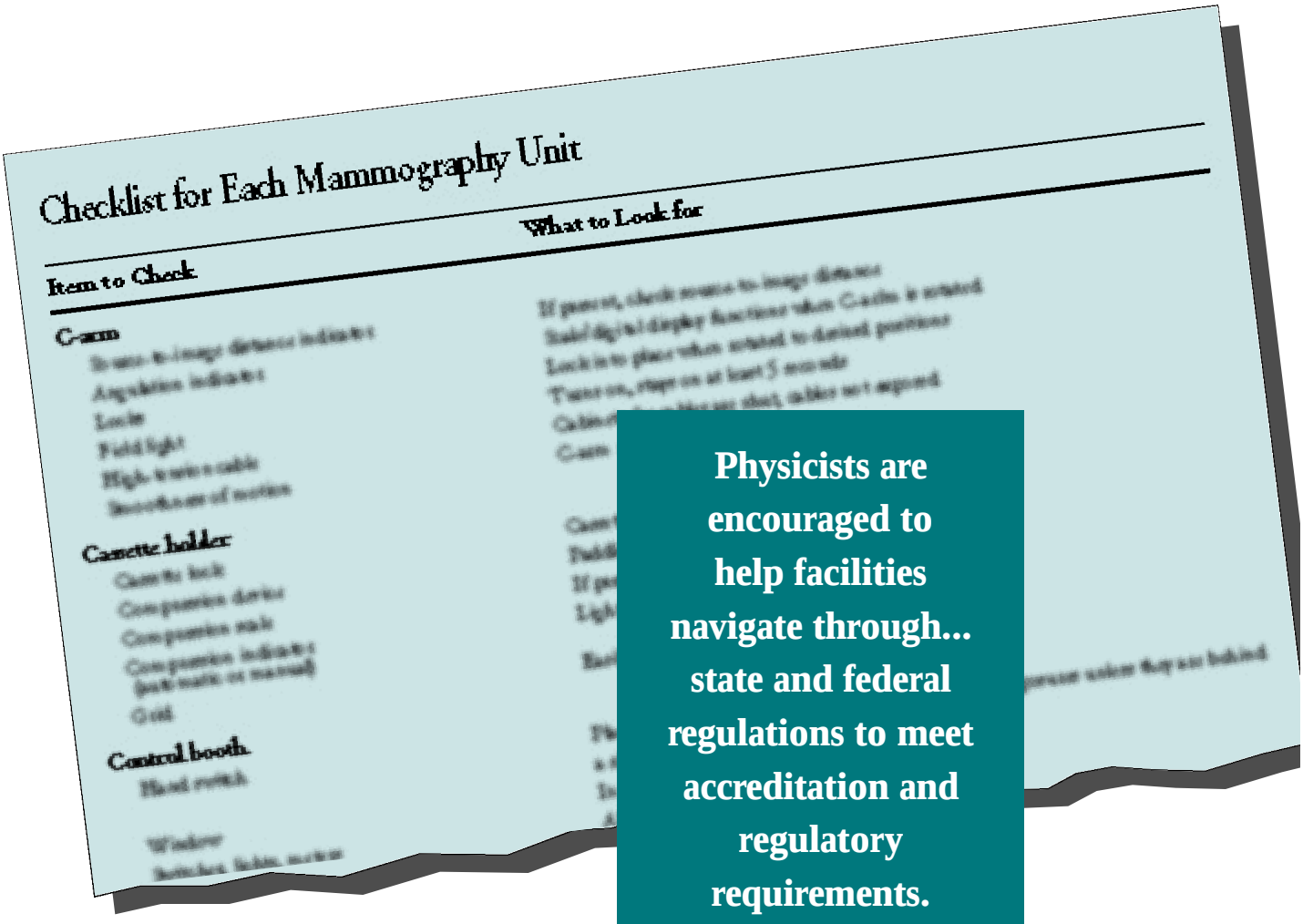
Under interim MQSA regulations, the tests on mammography equipment that physicists are required to perform must be similar to those spelled out in the Medical Physicist's Section of either the 1992 or 1994 edition of the ACR's *Mammography Quality Control Manual.* Physicists are also required to review the facility's QC program, which is to be carried out according to the Radiologic Technologist's Section of the same manual.

Both the 1992 and 1994 editions of the manual presently are acceptable as references. However, tests that appear for the first time in the 1994 edition cannot be required under the interim regulations. These new additions, mainly in the Medical Physicist's Section, refer to additional tests on units with target/filter combinations other than molybdenum/molybdenum units that were not in use when the 1992 edition was compiled.

The Annual Medical Physicist's Survey Report

The report generated from the results of the medical physicist's annual survey parallels the survey and usually includes (1) an evaluation of the technologist's 11 QC tests for the period between the current survey and the previous survey, (2) an assessment of test conditions, technique factors, measured or calculated results, and a pass/fail indication for each of the physicist's 10 QC tests, (3) documentation of any problems identified, and (4) a summary of, and recommendations for, corrections or improvements.

The annual survey report must indicate when the survey was completed. It also must be dated and include the name of the medical physicist(s) who performed the survey. Once completed, the report is forwarded to the facility, which, in turn, must transmit the report to its accreditation body. The facility must retain a copy of the report until satisfactory completion of the next annual survey. Also, facilities must



Physicists are encouraged to help facilities navigate through... state and federal regulations to meet accreditation and regulatory requirements.

include in their records a written note or report indicating the corrective action(s) taken in response to the physicist's report.

Initial Impact of MQSA

Preliminary reviews of results of first-year inspections suggest that, at many sites, MQSA is helping to improve communication between facilities and medical physicists and expand the role of the medical physicist as a team player and resource person. In addition, MQSA has begun to improve and increase communication among medical physicists — both in terms of formal continuing education and informal technical support. FDA hopes these trends will continue, even at facilities deemed adequate, and especially at facilities where interaction between medical physicists, staff radiologists, and technologists is minimal.

Dr. Kimme-Smith strongly believes that the "medical physicist is largely responsible for the quality of the mammography services provided." FDA encourages facilities to stay in close contact with their medical physicists, especially when preparing for inspections. FDA also encourages physicists to contact facility staff on a regular basis, perhaps by offering periodic QA/QC meetings and educational in-service training for radiologists and technologists. Improved interaction and communication, in turn, should help achieve the overall goals of MQSA — to assure baseline quality standards so that breast cancer is more likely to be detected early and mortality from breast cancer reduced.

Q & A

Q & A is a regular column in Mammography Matters. *We welcome your questions and will publish answers to any that are of general interest. Send your questions to* Mammography Matters, *FDA/CDRH (HFZ- 240), 1350 Piccard Drive, Rockville, MD 20850, Fax 301-594-3306.*

Q We currently are using one manufacturer's cassettes and screens for our studies. What, if anything, do we have to do to maintain our accreditation and certification if we change to another manufacturer's system?

A When the change in image receptors is made, your technical representatives will assist in the process. These are routine changes, and as long as the regular quality control tests (e.g., acceptable phantom image score) indicate no degradation in quality, there should be no problem. However, you should check with your accreditation body and state radiation control program to make sure you are meeting their requirements in this area.

Q What are considered "acceptable" phantoms?

A For accreditation purposes, and for the medical physicist's tests, the RMI 156 Phantom using the D imaging insert is the standard. Other manufacturers, such as Victoreen-Nuclear Associates, are now making "equivalent" phantoms. Please check with your accreditation body for its list of currently approved phantoms.

A different, unapproved phantom may be used for facility-based quality control testing, as long as it has sufficient sensitivity to detect changes in image quality. This includes more sophisticated, and more expensive, phantoms. Check with your medical physicist and accreditation body if you have additional questions.

Q What kind of strips work on darkroom doors?

A The darkroom needs to be "safe," as determined by the darkroom fog test. However, the outside lighting source will determine the level of radiopacity needed for stripping, doors, and seams. Possible sources include light from the sun, fluorescent lighting, and a dimly lit corridor that needs to be blocked. Keep in mind that a strip that works for one door may not work for another. Check with your film representative for the most appropriate strips for specific conditions at your facility. Ultimately, if the darkroom passes the fog test, then any type of strip used is adequate.

Q I've noticed in the proposed final regulations that the equipment specifications for the mammography unit itself are very similar to those of new mammography machines. Is FDA basing its guidelines on the new machines, or are manufacturers basing their machines on the FDA guidelines?

A FDA based its proposed final equipment regulations on draft mammography equipment specifications developed by the American College of Radiology (ACR) and the Centers for Disease Control and Prevention (CDC) after consulting many equipment manufacturers. The ACR/CDC draft was published in the early 1990s, and many manufacturers continue to follow these guidelines for the new equipment they are currently marketing. Therefore, the source of FDA's proposed final regulations for mammography equipment and the source of design criteria for new equipment on the market are the same.

Q & A *(continued)*

Q I understand that as of October 27, 1997, qualifications for medical physicists providing physics services to mammography facilities will be: (a) certification in an FDA-approved specialty by an FDA-approved board, or (b) state license or state approval. I have some questions about this: (1) What is the FDA-approved specialty (e.g., diagnostic radiological physics, radiation therapy physics, health physics)? (2) What does "state approval" mean? (3) Does this mean that physicists with many years of experience performing physics evaluations and do not meet either of the above qualifications must stop providing physics services?

A Let's take your questions in order.

(1) Regarding the required medical specialty, certification must be in either diagnostic radiological physics, radiological physics, or diagnostic imaging physics, depending on whether the certifying board is the American Board of Radiology or the American Board of Medical Physics.

(2) "State approval" means that the state has approved the medical physicist to perform MQSA-type medical physics surveys. Contact your state radiation control department for details.

(3) Yes. MQSA allowed a 5-year period, beginning October 27, 1992, for medical physicists to become either board certified or state licensed or approved. After October 27, 1997, physicists who do not meet either requirement may not perform the annual medical physicist's survey required by MQSA.

FDA neither endorses nor requires the use of any specific x-ray system component, measuring device, software package, or other commercial product as a condition for accreditation or certification under MQSA.

Any representations, either orally or in sales literature, or in any other form, that purchase of a particular product is required in order to be accredited or certified under MQSA should be reported to FDA immediately so that appropriate action may be taken.

The mention or illustration of commercial products, their sources, or their use in connection with material reported herein is not to be construed as either an actual or implied endorsement of such products by FDA.

Contacts for General MQSA Information and Address Changes:

Notify your ***accreditation body*** of name and/or address changes if your mailing label includes either ACR, SAR, SCA, or SIA, along with your facility identification number.

Otherwise, submit your address changes or requests for MQSA information to:

MQSA
c/o SciComm, Inc.
P.O. Box 30224
Bethesda, MD 20824-9998
Fax 301-986-8015

Direct your questions about certification and inspection to:

Mammography Quality Assurance Program
Phone 800-838-7715
Fax 410-290-6351

Documents and other MQSA information are available on the Internet at:

http://www.fda.gov/cdrh/dmqrp.html

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Articles may be reproduced or adapted for other publications. Comments should be addressed to:

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☐ Quality Assurance Staff
☐ Medical Physicist
☐ Administrator
☐ Other_____

Checklist for Each Mammography Unit

Item to Check	What to Look for
C-arm	
Source-to-image distance indicator	If present, check source-to-image distance
Angulation indicator	Scale/digital display functions when C-arlm is rotated
Locks	Lock into place when rotated to desired positions
Field light	Turns on, stays on at least 5 seconds
High-tension cable	Cabinets for cables are shut, cables not exposed
Smoothness of motion	C-arm rotates smoothly
Cassette holder	
Cassette lock	Cassettes lock into holder, do not slip at any angle
Compression device	Paddle is intact without chips or cracks
Compression scale	If present, displays compressed breast thickness
Compression indicator (automatic or manual)	Lights up, displays amount of compression
Grid	Easily removed and engaged
Control booth	
Hand switch	Placement (if on cord, technologists cannot make exposures unless they are behind a shield)
Window	Intact, firmly attached with unobstructed view
Switches, lights, meters	All functioning (light up)
Technique charts	kVp setting, AEC density protocols posted near controls
Other	
Lead apron	Available for pregnant patients
Cones, collimators	In good condition and stored in each room
Cleaning solution	In each room to clean cassette holder and compression plate
Smelling salts, emergency phone numbers	Readily available in each room, phone numbers clearly posted